		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036244

Facility Name: Alden Princeton Rehab & HCC

Address: 255 W. 69th St. (Number) Chicago (City) 60621 (Zip Code)

County: Cook

Telephone Number: (773) 224-5900 **Fax #** (773) 224-7157

IDPA ID Number: 36-370816900

Date of Initial License for Current Owners: 08/24/90

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,350	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	225	TOTALS	225	82,350	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	22,889	1,223	4,058	28,170	8
9	SNF/PED					9
10	ICF	31,608	603	451	32,662	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,497	1,826	4,509	60,832	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.87%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/01/90 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 28 and days of care provided 3,264

Medicare Intermediary Administar Federal Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	181,413	49,925		231,338	1,222	232,560		232,560			1
2	Food Purchase		333,676		333,676	(33,175)	300,501	(36,052)	264,449			2
3	Housekeeping	155,171	24,062		179,233	625	179,858		179,858			3
4	Laundry	80,296	25,683		105,979	237	106,216		106,216			4
5	Heat and Other Utilities			199,595	199,595		199,595		199,595			5
6	Maintenance	30,138		181,004	211,142		211,142	14,440	225,582			6
7	Other (specify):* SECURITY			101,162	101,162		101,162		101,162			7
8	**TOTAL General Services**	447,018	433,346	481,761	1,362,125	(31,091)	1,331,034	(21,612)	1,309,422			8
	B. Health Care and Programs											
9	Medical Director			27,000	27,000		27,000		27,000			9
10	Nursing and Medical Records	1,906,188	105,597	16,970	2,028,755	5,893	2,034,648	(823)	2,033,825			10
10a	Therapy	32,809			32,809	531	33,340		33,340			10a
11	Activities	68,831	6,968	2,266	78,065		78,065		78,065			11
12	Social Services	33,514		824	34,338		34,338		34,338			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,041,342	112,565	47,060	2,200,967	6,424	2,207,391	(823)	2,206,568			16
	C. General Administration											
17	Administrative	72,123			72,123		72,123		72,123			17
18	Directors Fees											18
19	Professional Services			633,308	633,308		633,308	(561,702)	71,606			19
20	Dues, Fees, Subscriptions & Promotions			45,935	45,935		45,935	(26,735)	19,200			20
21	Clerical & General Office Expenses	523,437	22,379	32,158	577,974	504	578,478	78,398	656,876			21
22	Employee Benefits & Payroll Taxes			420,756	420,756	24,163	444,919	58,422	503,341			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,425	3,425		3,425	16,019	19,444			24
25	Other Admin. Staff Transportation			375	375		375		375			25
26	Insurance-Prop.Liab.Malpractice			1,582	1,582		1,582	55,378	56,960			26
27	Other (specify):*			18,351	18,351		18,351	(18,351)				27
28	**TOTAL General Administration**	595,560	22,379	1,155,890	1,773,829	24,667	1,798,496	(398,571)	1,399,925			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,083,920	568,290	1,684,711	5,336,921		5,336,921	(421,006)	4,915,915			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Princeton Rehab & HCC #0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			37,167	37,167		37,167	288,643	325,810			30
31	Amortization of Pre-Op. & Org.							9,365	9,365			31
32	Interest			23,589	23,589		23,589	643,054	666,643			32
33	Real Estate Taxes							291,063	291,063			33
34	Rent-Facility & Grounds			1,068,633	1,068,633		1,068,633	(1,068,633)				34
35	Rent-Equipment & Vehicles			8,489	8,489		8,489	21,959	30,448			35
36	Other (specify):* **Mortgage INS.**							38,179	38,179			36
37	**TOTAL Ownership**			1,137,878	1,137,878		1,137,878	223,630	1,361,508			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		174,737	380,040	554,777		554,777	(164,589)	390,188			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,525	123,525		123,525		123,525			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		174,737	503,565	678,302		678,302	(164,589)	513,713			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,083,920	743,027	3,326,154	7,153,101		7,153,101	(361,965)	6,791,136			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL **A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,004	30		9
10	Interest and Other Investment Income	(171)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(385)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(12,758)	32		18
19	Entertainment				19
20	Contributions	(3,783)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(18,351)	27		24
25	Fund Raising, Advertising and Promotional	(22,451)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(861)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (46,756)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(239,265)	pg. 6's	34
35	Other- Attach Schedule	(75,944)	pg. 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (315,209)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (361,965)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 1/1/00

Ending: 12/31/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	non-cost: hmo nursing supply (gl 5026)	$ (10,182)	39	1
2	non-cost: hmo drugs supply (gl 5042)	(18,772)	39	2
3	non-cost: hmo therapy (gl 5040)	(45,416)	39	3
4	non-cost: part b therapy c/a's in 5212/5213/5214	(5,916)	39	4
5	non-cost: hmo isolation c/a (gl 5093)	0	39	5
6	COMMUNITY RELATIONS (GL 5726)	(261)	20	6
7	reclass painting>$1500 for 2000 from ln 6 to pg 22	(9,747)	6	7
8	record deprec exp on painting reclassed in 1999	4,919	6	8
9	record deprec exp on painting reclassed in 2000	1,625	6	9
10	record deprec exp on painting for prior years	7,055	6	10
11	adjust deprec exp on deferred maint to match detail	751	6	11
12				12
13				13
14				14
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89				89
90	**Total**	(75,944)		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 **Report Period Beginning:** 1/1/00 **Ending:** 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(385)	0	0	(35,667)	0	0	0	0	0	0	0	(36,052)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	4,602	0	9,838	0	0	0	0	0	0	0	0	14,440	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	4,217	0	9,838	(35,667)	0	0	0	0	0	0	0	(21,612)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	(823)	0	0	0	0	0	0	(823)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	(823)	0	0	0	0	0	0	(823)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	(561,702)	0	0	0	0	0	0	0	0	(561,702)	19
20	Fees, Subscriptions & Promotions	(27,356)	0	621	0	0	0	0	0	0	0	0	(26,735)	20
21	Clerical & General Office Expenses	0	6,775	41,405	19,886	10,332	0	0	0	0	0	0	78,398	21
22	Employee Benefits & Payroll Taxes	0	0	59,436	0	(1,014)	0	0	0	0	0	0	58,422	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	16,019	0	0	0	0	0	0	0	0	16,019	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	55,208	170	0	0	0	0	0	0	0	0	55,378	26
27	Other (specify):*	(18,351)	0	0	0	0	0	0	0	0	0	0	(18,351)	27
28	**TOTAL General Administration**	(45,707)	61,983	(444,051)	19,886	9,318	0	0	0	0	0	0	(398,571)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(41,490)	61,983	(434,213)	(15,781)	8,495	0	0	0	0	0	0	(421,006)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Alden Princeton Rehab & HCC** **#** **0036244** **Report Period Beginning:** **1/1/00** **Ending:** **12/31/00**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	12,004	261,324	15,315	0	0	0	0	0	0	0	0	288,643	30
31	Amortization of Pre-Op. & Org.	0	7,470	0	0	0	0	1,895	0	0	0	0	9,365	31
32	Interest	(12,929)	647,232	5,615	0	0	0	3,136	0	0	0	0	643,054	32
33	Real Estate Taxes	0	284,119	6,944	0	0	0	0	0	0	0	0	291,063	33
34	Rent-Facility & Grounds	0	(1,068,633)	0	0	0	0	0	0	0	0	0	(1,068,633)	34
35	Rent-Equipment & Vehicles	0	0	21,959	0	0	0	0	0	0	0	0	21,959	35
36	Other (specify):*	0	38,179	0	0	0	0	0	0	0	0	0	38,179	36
37	**TOTAL Ownership**	(925)	169,691	49,833	0	0	0	5,031	0	0	0	0	223,630	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(80,285)	0	0	(16,664)	(35,486)	0	(32,154)	0	0	0	0	(164,589)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(80,285)	0	0	(16,664)	(35,486)	0	(32,154)	0	0	0	0	(164,589)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(122,700)	231,674	(384,380)	(32,445)	(26,991)	0	(27,123)	0	0	0	0	(361,965)	45

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
ALDEN MANAGEMENT SERV., INC	100%	SEE PG. 6K-TOO MANY TO FIT HERE				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	$ 1,068,633	PRINCETON ASSOCIATES	100.00%	$	$ (1,068,633)	1
2	V	32	INTEREST INCOME	14,618				(14,618)	2
3	V	21	MISCELL. INCOME						3
4	V	21	MISCELL. COSTS				6,775	6,775	4
5	V	26	GEN'L INSUR.				55,208	55,208	5
6	V	30	DEPREC.				261,324	261,324	6
7	V	31	AMORTIZ.				7,470	7,470	7
8	V	32	INTEREST EXPENSE				661,850	661,850	8
9	V	33	REAL EST. TAX				284,119	284,119	9
10	V	36	MORTGAGE INS.				38,179	38,179	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,083,251			$ 1,314,925	$ * 231,674	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	maintenance/utilities	$	Alden Management Services, Inc.	100.00%	$ 9,838	$ 9,838	15
16	V	19	professional fees	575,184	Alden Management Services, Inc.		13,482	(561,702)	16
17	V	20	licenses/fees		Alden Management Services, Inc.		621	621	17
18	V	21	gen'l & admin		Alden Management Services, Inc.		41,405	41,405	18
19	V	22	employee costs		Alden Management Services, Inc.		59,436	59,436	19
20	V	24	auto/seminar		Alden Management Services, Inc.		16,019	16,019	20
21	V	26	insurance		Alden Management Services, Inc.		170	170	21
22	V	30	depreciation		Alden Management Services, Inc.		15,315	15,315	22
23	V	32	interest		Alden Management Services, Inc.		5,615	5,615	23
24	V	33	real estate tax		Alden Management Services, Inc.		6,944	6,944	24
25	V	35	auto lease		Alden Management Services, Inc.		21,959	21,959	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 575,184			$ 190,804	$ * (384,380)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube feeding	$ 56,118	Pyramid Healthcare Services	0.00%	$ 20,451	$ (35,667)	15
16	V	39	nursing supplies	9,006	Pyramid Healthcare Services		4,104	(4,902)	16
17	V	39	supplies / per diem fees	32,672	Pyramid Healthcare Services		20,910	(11,762)	17
18	V	21	general & administrative		Pyramid Healthcare Services		19,886	19,886	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 97,796			$ 65,351	$ * (32,445)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 116,047	Forum Extended Care II	0.00%	$ 87,352	$ (28,695)	15
16	V	10	house stock	3,328	Forum Extended Care II		2,505	(823)	16
17	V	39	iv	27,465	Forum Extended Care II		20,674	(6,791)	17
18	V	22	employee vaccinations	4,100	Forum Extended Care II		3,086	(1,014)	18
19	V	21	general & administrative		Forum Extended Care II		10,332	10,332	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 150,940			$ 123,949	$ * (26,991)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	CPT REVENUES	$ 270,950	COMMUNITY PHYSICAL THERAPY	100.00%	$ 238,796	$ (32,154)	15
16	V	31	AMORTIZATION		COMMUNITY PHYSICAL THERAPY		1,895	1,895	16
17	V	32	INTEREST		COMMUNITY PHYSICAL THERAPY		3,136	3,136	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 270,950			$ 243,827	$ * (27,123)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President - AMS	CEO	100.00%	182,251	2.508	6.27	Salary	$ 12,196	21-1	1
2	Lauren Magnusson	Clinical Coordinator	Nursing / Review	a	69,819	2.508	6.27	Salary	4,672	21-1	2
3	Terry Magnussen	Administrator/other	Admin/Maintenan	b	71,696	2.508	6.27	Salary	1,924	21-1	3
4	Joan Carl	Vice -President AMS	Secretary	c	99,292	2.508	6.27	Salary	6,644	21-1	4
5											5
6											6
7											7
8	a. Lauren Magnusson is the daughter of Floyd Schlossberg and worked as a Clinical Coordinator for Alden Management Services for all of 2000.										8
9	b. Terry Magnusson is the son-in-law of Floyd Schlossberg and worked as the Administrator of Alden-Valley Ridge for 7 months thereafter he worked as in										9
10	Construction/Maintenance for Alden Management Services.										10
11	c. Joan Carl is the Secretary of Alden Mangement Services and all of the Nursing Facilities. She is a partner in Valley Ridge, Princeton, Cicero, Northmoor Associates,										11
12	Orland Park, North Shore, Des Plaines, Alma Nelson, Park Strathmoor which are the entities which own the respective Alden Nursing facilities.										12
13								TOTAL	$ 25,436		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, Illinois 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2		SEE PAGE 8A								2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	PRUD/WMF/HUNTOON		X	MORTGAGE	$64,483.00	2/1/89	$ 7,098,500	$ 6,828,734	12/1/30	0.1025	$ 599,347	1
2												2
3												3
4												4
5	CORUS BANK LOAN	X		OPERATIONS	NONE		800,000	800,000		0.0800	10,832	5
	Working Capital											
6	RELATED PARTY - AMS	X		OPERATIONS	NONE					VARIES	5,615	6
7	RELATED PARTY -CPT	X		OPERATIONS	NONE					VARIES	3,136	7
8	PRUD/WMF/HUNTOON		X	OPERATIONS	$5,602.00	6/1/93	739,300	712,119		0.0875	62,502	8
9	TOTAL Facility Related				$70,085.00		$ 8,637,800	$ 8,340,853			$ 681,432	9
	B. Non-Facility Related*											
10	INTEREST INCOME (GL 4301)			NON-ALLOWABLE							(171)	10
11	INTEREST INCOME ASSOC.			NON-ALLOWABLE							(14,618)	11
12	MISCELL. INTEREST EXP.		X									12
13												13
14	TOTAL Non-Facility Related						$	$			$ (14,789)	14
15	TOTALS (line 9+line14)						$ 8,637,800	$ 8,340,853			$ 666,643	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	299,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	283,119	2
3. Under or (over) accrual (line 2 minus line 1).	$	(15,881)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	300,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	284,119	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	264,824	8
	1996	271,340	9
	1997	280,061	10
	1998	285,032	11
	1999	283,119	12

LINE: 2000 ACCRUAL BASED ON 5.9% INCREASE OF PRIOR YEAR BILL: $283,119*1.059=$300,000.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	82,377	1989	$ 151,068	1
2					2
3	TOTALS	82,377		$ 151,068	3

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6	225		1990	1989	6,937,625	221,738	30	231,254	9,516	2,428,167	6
7			1992	1992	44,020		30	1,467	1,467	12,345	7
8			1993	1993	30,616		30	1,021	1,021	8,435	8
	Improvement Type**										
9	FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC			1991	7,180		VARIOUS			7,180	9
10	EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/I			1992	11,688	(66)	VARIOUS	(66)		12,092	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRESS			1993	24,066	944	VARIOUS	944		17,985	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU			1995	27,107	1,751	VARIOUS	1,751		10,471	12
13	NEW CARPETING			1996	1,400	140	10	140		677	13
14	COIL REPLACEMENT(AIR CONDITIONER)			1996	4,821	482	10	482		2,290	14
15	CEILING REPAIRS			1996	1,700	142	12	142		685	15
16	INSTALL SB 35 PUMP			1997	3,287	329	10	329		1,096	16
17	SEAL COATING/PATCHING			1997	2,300	460	5	460		1,533	17
18	REPAIR KEBO LIFT			1997	1,917	383	5	383		1,246	18
19	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)			1998	6,800	680	10	680		1,927	19
20	SHINE-RITE(STRIP & REFINISH FLOORS)			1998	6,000	600	10	600		1,550	20
21	CORONET MFG			1998	8,970	897	10	897		1,869	21
22	REEDY EQ.(REPAIR DISHWASHERS)			1998	4,612	461	10	461		961	22
23	JP Graham(installation)			1999	2,781	278	10	278		533	23
24	Northtown (repair steamer)			1999	1,674	167	10	167		279	24
25	Rykoff Sexton(kitchen supplies)			1999	2,337	234	10	234		370	25
26	Long Elevator(repair water damage)			1999	2,949	295	10	295		369	26
27	Fox Valley(fire alarm inspection)			1999	2,000	133	15	133		156	27
28	ABC(construction management)			1999	785	157	5	157		170	28
29	Kraft Paper (desk & chairs)			1999	2,023	135	15	135		146	29
30	Climate Services(exhaust roof top repair)			1999	2,143	214	10	214		232	30
31	New Horizons(install phones and wall mounts)			1999	5,848	585	10	585		634	31
32	ABC:Carpentry labor			1999	2,460	246	10	246		266	32
33	ABC:Resilient flooring			1999	3,996	400	10	400		500	33
34	continue….										34
35											35
36	TOTAL (lines 4 thru 35)				$ 7,153,103	$ 231,784		$ 243,788	$ 12,004	$ 2,514,161	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Equipment International (dryer fan blade)			2000	602	55	10	55		55	9
10	CSI-Coker Service (repair steam table)			2000	1,151	106	10	106		106	10
11	Fox Valley Fire & Safety (fire alarm repair)			2000	776	71	10	71		71	11
12	Equipment International (motor repair - washer)			2000	1,106	101	10	101		101	12
13	Climate Service (replace hot water valve)			2000	1,303	119	10	119		119	13
14	Kraft Paper Sales Co. (HP 175 RPM)			2000	1,051	88	10	88		88	14
15	DePaul Plumbing (instal water line of outside sprinkler system)			2000	7,054	529	10	529		529	15
16	Alden Bennett Construction (time & material billing by facility)			2000	11,158	558	10	558		558	16
17	Fox Valley Fire & Safety (rep faulty devices from fire alarm)			2000	1,672	46	15	46		46	17
18	SKI-COKER SERVICE (dishwasher repair)			2000	1,834	92	10	92		92	18
19	Alden Bennett Construction (time & material billing)			2000	7,777	259	10	259		259	19
20	Fox Valley (fire alarm repair)			2000	2,338	39	10	39		39	20
21	ALDEN DESIGN (oxygen site plan)			2000	663	28	10	28		28	21
22	ALDEN DESIGN (oxygen site plan)			2000	357	15	10	15		15	22
23	ALDEN DESIGN (install medical gas system)			2000	1,540	64	10	64		64	23
24	ALDEN DESIGN (plat of survey)			2000	756	19	10	19		19	24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 41,136	$ 2,189		$ 2,189	$	$ 2,189	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related			1978	$ 12,184	$ 554	22	$ 554	$	$ 11,565	4
5	Party			1978	5,953	271	32	271		4,767	5
6	(Forum)										6
7											7
8											8
	Improvement Type**										
9	Related Party - AMS:										9
10	Leasehold Improvement - Remodeling			1993	5,378	223	various	223		115,184	10
11	Leasehold Improvement - Remodeling			1994	2,663	407	various	407		55,299	11
12											12
13	Related Party - Forum:										13
14	Leasehold Improvement - Remodeling			1980	19,102	955	20	955		19,102	14
15	Leasehold Improvement - Remodeling			1980	113		10			113	15
16	Leasehold Improvement - Remodeling			1986	32		6			32	16
17	Leasehold Improvement - Remodeling			1990	51		5			51	17
18	Leasehold Improvement - Remodeling			1991	12		5			12	18
19	Leasehold Improvement - Remodeling			1993	4,085	408	10	408		4,085	19
20	Leasehold Improvement - Remodeling			1993	3,199	330	9.7	330		3,058	20
21	Leasehold Improvement - SIGN			1994	258	21	10	21		145	21
22	Leasehold Improvement - DRYVIT			1994	437	44	12	44		244	22
23	Leasehold Improvement - NEW AC			1995	714	48	10	48		71	23
24	Leasehold Improvement - Roof			1997	961	51	10	51		760	24
25	Leasehold Improvement - Roof			1998	853	57	10	57		369	25
26	Leasehold Improvements-Roof			1985	809	54	19	54		175	26
27	Leasehold Improvements-Roof			1999	1,373	92	15	92		198	27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 58,177	$ 3,514		$ 3,514	$	$ 215,231	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 988,063	$ 69,750	$ 69,750	$	vary	$ 680,576	37
38	Current Year Purchases	36,205	2,860	2,860		vary	2,860	38
39	Fully Depreciated Assets	31,030	1,214	1,214		vary	31,030	39
40								40
41	TOTALS	$ 1,055,298	$ 73,824	$ 73,824	$		$ 714,466	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	various	van, busses, engine	1998-2000	$ 26,682	$ 2,494	$ 2,494	$	3	$ 3,030	42
43		1998-2000								43
44										44
45										45
46	TOTALS			$ 26,682	$ 2,494	$ 2,494	$		$ 3,030	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 8,485,465	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 313,806	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 325,810	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ 12,004	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 3,449,078	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		$	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$	$	$	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: PRINCETON ASSOC.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 10/1/90
Ending 9/20/22

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/00	$ 1,404,065
13.	1231/01	$ 1,404,065
14.	12/31/02	$ 1,404,065

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 8,489 Description: COPY MACHINE LEASE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	RELATED PARTY	VARIOUS	$ #######	$ 21,959	17
18					18
19					19
20					20
21	TOTAL		$ #######	$ 21,959	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

			1	2	3	4
			Facility			
			Drop-outs	Completed	Contract	Total
1	Community College Tuition		$	$	$	$
2	Books and Supplies					
3	Classroom Wages	(a)				
4	Clinical Wages	(b)				
5	In-House Trainer Wages	(c)				
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS		$	$	$	$
10	SUM OF line 9, col. 1 and 2	(e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 126,934	$		$ 126,934	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			23,824			23,824	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			115,535			115,535	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PG 16A…	# of prescrpts				79,901		79,901	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PG 16A…					43,994		43,994	13
14	TOTAL			$		$ 266,293	$ 123,895		$ 390,188	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Princeton Rehab & HCC **#** 0036244 **Report Period Beginning:** 1/1/00 **Ending:** 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/00 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 117,792	$ 117,792	1
2	Cash-Patient Deposits	77,455	77,455	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (174,535))	1,595,517	1,595,517	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,135	45,135	6
7	Other Prepaid Expenses	5,818	7,302	7
8	Accounts Receivable (owners or related parties)	2,396,144	2,420,650	8
9	Other(specify): escrows		1,038,141	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,237,862	$ 5,301,992	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	380,844	380,844	15
16	Equipment, at Historical Cost	261,249	985,209	16
17	Accumulated Depreciation (book methods)	(322,486)	(3,195,119)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe refin. Fees, net		216,595	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 319,607	$ 5,528,183	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,557,468	$ 10,830,175	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,538,007	$ 1,601,929	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	86,582	86,582	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	221,517	221,517	30
31	Accrued Taxes Payable (excluding real estate taxes)	67,758	67,758	31
32	Accrued Real Estate Taxes(Sch.IX-B)		300,000	32
33	Accrued Interest Payable	7,698	62,683	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	CORUS BANK LOAN	800,000	800,000	36
37	third parties - due to idpa/others/misc	615,308	615,308	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,336,871	$ 3,755,779	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		712,119	39
40	Mortgage Payable		6,828,734	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 7,540,853	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,336,871	$ 11,296,632	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,045,860	$ (641,194)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,382,731	$ 10,655,438	48

***(See instructions.)**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,569,982	1
2	Restatements (describe):		2
3	**External auditors' adjustments made after 1999 cost report**		3
4	**was filed. These adjustments had no effect on allowable costs:**		4
5	**only bad debt expense and medicare revenue were adjusted.**	(324,818)	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,245,164	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(199,304)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (199,304)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,045,860	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,261,640	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,261,640	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	25,785	6
7	Oxygen	36,251	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 62,036	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	97	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	159,889	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 159,986	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	171	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 171	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,483,833	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,362,125	31
32	Health Care	2,200,967	32
33	General Administration	1,303,865	33
	B. Capital Expense		
34	Ownership	1,137,878	34
	C. Ancillary Expense		
35	Special Cost Centers	554,777	35
36	Provider Participation Fee	123,525	36
	D. Other Expenses (specify):		
37	Note: will not balance to page 3 & 4 due to related party amounts		37
38	being entered to these pages.		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,683,137	40
41	**Income before Income Taxes (line 30 minus line 40)****	(199,304)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (199,304)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,140	2,534	$ 67,237	$ 26.53	1
2	Assistant Director of Nursing	3,483	2,072	43,106	20.80	2
3	Registered Nurses	10,116	9,150	192,162	21.00	3
4	Licensed Practical Nurses	33,963	36,996	780,705	21.10	4
5	Nurse Aides & Orderlies	82,891	88,846	683,675	7.70	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,197	4,279	39,368	9.20	8
9	Activity Director	1,768	2,080	23,331	11.22	9
10	Activity Assistants	7,396	7,939	45,500	5.73	10
11	Social Service Workers	2,269	2,269	33,514	14.77	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,080	35,874	17.25	13
14	Head Cook	5,753	6,565	43,101	6.57	14
15	Cook Helpers/Assistants	14,679	15,473	102,438	6.62	15
16	Dishwashers					16
17	Maintenance Workers	1,808	2,080	30,138	14.49	17
18	Housekeepers	21,923	23,252	155,170	6.67	18
19	Laundry	12,005	12,727	80,297	6.31	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	3,599	4,370	60,314	13.80	22
23	Office Manager	4,036	4,300	39,541	9.20	23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,825	6,127	78,676	12.84	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,679	2,823	54,067	19.15	31
32	Other Health Care(specify)					32
33	Other(specify) Clinical supervisor	1,104	1,302	25,742	19.77	33
34	TOTAL (lines 1 - 33)	220,594	237,264	$ 2,613,956 *	$ 11.02	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	52	2,266	11-3	44
45	Social Service Consultant	8	412	12-3	45
46	Other(specify) PHYCHO-SOCIAL	8	412	12-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	68	$ 3,090		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
SUZANNE CLARKIN	ADMINISTRATOR		$ 72,123
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 72,123

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ALDEN MANAGEMENT SVS.	MNGT. FEES	$ 575,184
BLACKMAN KALLICK	ACCT. FEES	9,161
KEN J. FISCH	LEGAL FEES	19,009
GREENBERG & HERMAN	LEGAL FEES	7,041
ALDEN DESIGN	DESIGN FEES	1,221
ALDEN BENNET CONSTRUC.	CONSTRUCTION FEES	16,657
ACHIEVE ACCREDITATION	JHCACO Consultant	1,814
GATES MCDONALD	Unemployment Comp.	731
AMERICAN UNITED LIFE	401K FEES	700
US GAS	Utility Consultant	1,181
Misc. Prof fees	PROF. FEES	609
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 633,308

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 40,319
Unemployment Compensation Insurance	58,739
FICA Taxes	184,308
Employee Health Insurance	28,207
Employee Meals	33,175
Illinois Municipal Retirement Fund (IMRF)*	
Chicago head tax	6,320
UNION HEALTH & WELFARE	50,910
DENTAL / LIFE INSURANCE	1,294
EMP RELATIONS / EMP VACCINATIONS	3,541
TUITION REIMBURSEMENTS	14,019
PENSION / 401 K	24,087
RELATED PARTY	58,422
TOTAL (agree to Schedule V, line 22, col.8)	$ 503,341

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	2,690
Health Care Worker Background Check	
(Indicate # of checks performed)	
RELATED PARTY	621
CITY OF CHICAGO LICENSE	1,241
SPRINKLER INSPECTIONS	3,679
MISC. INSPECTIONS	1,204
IHCA	9,414
MISC. SUBSCIPTIONS	351
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,200

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
EMPLOYEE SEMINARS	3,425
RELATED PARTY	16,019
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 19,444

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	see page 22A…		$		$	$	$	$	$	$	$	$	$
2	(too many to fit here)												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 **Report Period Beginning:** 1/1/00 **Ending:** 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Illinois Health Care Assoc. $9,414**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **10 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **10,421** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **123,525**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **33,175** Has any meal income been offset against related costs? **NO** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **N/A** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

lame & ID Number ALDEN NURSING CENTER-PR| Report Period Beginning 1/1/2000 Ending: 12/31/2000

NANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	EXHAUST REPAIR *	2/92	3,117	5	54	0							
2	BOILER REPAIR *	2/92	3,223	5	52	0							
3	Wall papering *	2/93	3,525	5	705	59							
4	Repair baseboard *	6/93	1,720	5	344	143							
5	Belton airhandles *	11/93	3,283	5	657	546							
6	Painting *	12/93	1,344	5	269	246							
7	Cooler repair	5/93	1,567	10	157	157	157	157	157	157	104	0	0
8	PAINTING	5/94	14,473	3	1,609	0							
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3	6,706	559							
11	Painting	3/95	6,103	3	2,034	339							
12	Climate service	4/95	1,678	5	336	336	336	84	0				
13	Painting	4/95	1,920	3	640	160							
14	Painting	5/95	930	3	310	103							
15	Painting	6/95	1,290	3	430	179							
16	Painting	8/95	889	3	296	173							
17	Tower claners	9/95	4,993	3	999	999	999	666	0				
18	Painting	9/95	1,169	3	390	260							
19	Painting	12/95	1,758	3	586	537							
20	Painting *	12/95	1,395	3	465	426							
21	PAINTING	12/95	1,395	3	465	426	0						
22	PAINTING	1/96	1,249	3	416	416	0						
23	PAINTING	3/96	994	3	331	331	55						
24	PAINTING	4/96	1,324	3	441	441	110						
25	PAINTING	5/96	1,402	3	467	467	156						
26	PAINTING	3/96	1,406	3	469	469	78						
27	PAINTING	5/96	1,824	3	608	608	203						
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120	120
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	246	246	246	246	246
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	190	190	190	190	190
31	CARPET	5/96	6,115	10	611	611	611	611	611	611	611	611	611
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98	98
33	PAINTING	6/96	1,331	3	444	444	185	0					
34	PAINTING	7/96	2,085	3	695	695	347	0					
35	PAINTING	7/96	2,169	3	723	723	362	0					
36	COOLER HVAC	4/96	2,444	5	498	489	489	489	122	0			
37	PAINT DESK	8/96	5,483	10	548	548	548	548	548	548	548	548	548
38	PAINTING	12/96	1,747	3	582	582	534	0					
39	PAINTING	10/96	2,403	3	801	801	601	0					
40	PAINTING	11/96	2,176	3	725	725	604	0					
41	PAINTING	9/96	3,279	3	1,093	1,093	729	0					
42	REPAIR WALK-IN COOLI	1/97	2,419	3	806	806	807	0					
43	REPLACE HVAC PUMP	1/97	5,890	3	1,963	1,963	1,964	0					
44	HVAC PUMP REPLACEM	9/97	3,299	3	367	1,100	1,100	733	0				
45	TEMPERATURE PUMP RI	12/97	1,660	3	46	553	553	508	0				
46	CLIMATE(REPAIR PUMP M	1/98	3,051	3		1,017	1,017	1,017	0				
47	CLIMATE(INSTALL HOT W/	2/98	2,100	3		642	700	700	58	0			
48	MR.ROOTER(REPAIR EJECT	6/98	2,000	3		389	667	667	278	0			
49	CLIMATE(BLOWER MOT	7/98	16,668	3		2,778	5,556	5,556	2,778	0			
50	CLIMATE(REPAIR A/C)	9/98	1,671	3		186	557	557	371	0			
51	PAINTING	3/98	6,291	3		1,748	2,097	2,097	350	0			
52	PAINTING	6/98	5,196	3		1,010	1,732	1,732	722	0			
53	PAINTING	9/98	5,496	3		611	1,832	1,832	1,221	0			
54	PAINTING	12/98	4,183	3		116	1,394	1,394	1,278	0			
55	CSI (inv 65140,65153,6515	3/99	1,578	3			438	526	526	88	0		
56	Chicago Cooling (assemble	6/99	2,403	3			467	801	801	334	0		
57	CSI(NEED INVOICE)	7/99	2,576	3			501	859	859	358	0		
58	CSI(NEED INVOICE)	10/99	3,750	3			729	1,250	1,250	521	0		
59	Painting>$1,500 for 1999	7/99	14,758	3			2,460	4,919	4,919	2,460	0		
60	D. B. S. Contracting (20 zon	5/00	40,090	3				8,909	13,363	13,363	4,455		
61	Alden Bennett Construction	7/00	5,498	3				916	1,833	1,833	916		
62	Alden Bennett Construction	6/00	1,545	3				300	515	515	215		
63	painting>$1500 for 2000	07/01	9,747	3				1,625	3,249	3,249	1,625	0	
64	**TOTALS**		267,137		31,079	28,950	32,617	40,395	36,751	24,978	9,416	2,101	2,101